

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/847945

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
7			/		/	
8			/		/	
9			/		/	*
10			/		/	
11			/		/	
12			/		/	
13			/		/	
14			/		/	
15			/		/	
16			/		/	
17			/		/	
18			/		/	
19			/		/	
20			/		/	
21			/		/	
22			/		/	
23			/		/	
24			/		/	
25			/		/	
26			/		/	
27			/		/	
28			/		/	
29			/		/	
30			/		/	
31			/		/	
32			/		/	
33			/		/	
34			/		/	
35			/		/	
36			/		/	
37			/		/	
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/	*	/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56				/		
57				/		
58				2		
59				1		
60				1		
61				2		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				2		
72				1		
73				3		
74				3		
75				3		
76				3		
77				3		
78				3		
79						
80						
81						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3		4			
TOTAL DEP.	39		76			
TOTAL CLAIMS	42		80			